

Supplemental Departmental Survey PHARMACY

Sample Survey for Individual Departments

SUBJECT: PHARMACY

Pharmacy Education Assessment Tool

1. All patients receiving medicine will receive education counseling about:

A.	Use of drug - how to take it.	Yes	No
B.	Any expected side effect of drug.	Yes	No
C.	Storage of Drug	Yes	No
D.	Any other drug or other related potential reaction.	Yes	No

2. All patients receiving any special apparatus or dispensing packet:

A.	Will be given explicit directions.	Yes	No
B.	Will be asked to demonstrate that they understand and know not to use.	Yes	No

3. Any cautionary label which serves as a reminder to patients to abide by, will be attached to the medicine container.

		Yes	No
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4. Any special handout pamphlet pertaining to drug use or caution, will be shared with the patient.

		Yes	No
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5. Documentation will be entered into the medical chart denoting counsel/education performed and pharmacist will sign chart.

		Yes	No
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6. Does pharmacy participate in special projects, HPDP activities, Clinics and/or other aspects of health care sponsored by the Hospital/Clinic? (Other than the dispensing of medication.)

		Yes	No
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Examples: _____

7. Pharmacy would welcome the opportunity to participate all patient education endeavors.

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